

# Useful NBCC - Relevant NCE-ABE Answers

**NCE/NBCC Exam Questions and**  
**Answers 100% Pass**

Freud's stages - ✓✓Oral  
Anal  
Phallic  
Latency  
Genital

Erickson's stages - ✓✓trust vs mistrust  
autonomy vs shame and doubt  
initiative vs guilt  
industry vs inferiority  
identity vs role confusion  
intimacy vs isolation  
generativity vs stagnation  
integrity vs despair

Freud focused on - ✓✓Sexuality (Psychosexual)  
Erickson focuses on - ✓✓Social relationships (Psychosocial)

100% Pass Guarantee      Emily Charlene All Rights Reserved © 2025      1

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>> **Relevant NCE-ABE Answers** <<

## NCE-ABE New Study Guide & Standard NCE-ABE Answers

No doubt the National Counselor Examination (NCE-ABE) certification is one of the most challenging certification exams in the market. This National Counselor Examination (NCE-ABE) certification exam gives always a tough time to National Counselor Examination (NCE-ABE) exam candidates. The Free4Dump understands this hurdle and offers recommended and real NBCC NCE-ABE Exam Practice questions in three different formats. These formats hold high demand in the market and offer a great solution for quick and complete National Counselor Examination (NCE-ABE) exam preparation.

## NBCC National Counselor Examination Sample Questions (Q15-Q20):

### NEW QUESTION # 15

You have been assigned to assess a 21-year-old client who presents as disheveled and confused. During the initial part of the interview, you note rapid speech, agitation, and paranoia. Based on your observations, which of the following is an appropriate next step when making a diagnosis?

- A. Establish a safety plan.
- B. Discuss the client's addiction problem.
- C. Seek a 72-hour hold on the client.
- **D. Obtain additional information.**

**Answer: D**

Explanation:

Within the Intake, Assessment and Diagnosis work behavior area, counselors are expected to systematically gather sufficient, relevant information before arriving at a diagnostic conclusion. Observations from an initial contact-such as disheveled appearance, confusion, rapid speech, agitation, and paranoia-are important, but they are only part of a complete assessment.

An appropriate diagnostic next step is to obtain additional information (Option A). This includes:

- \* Conducting a more thorough mental status examination.
- \* Gathering history of present illness, psychiatric history, medical history, and substance use history.
- \* Exploring onset, duration, and course of symptoms.
- \* Considering differential diagnoses, including mood disorders, psychotic disorders, substance-induced conditions, and medical causes.

The NBCC-aligned counselor work behaviors in this domain emphasize:

- \* Avoiding premature diagnostic closure.
- \* Using multiple sources of information (client report, observation, records, and collateral sources when appropriate).
- \* Integrating behavioral observations with history and contextual factors before assigning a diagnosis.

Why the other options are not the best diagnostic next step:

- \* B. Establish a safety plan - Safety planning can be crucial, but it follows from a formal risk assessment (e.g., suicidality, homicidality), which has not yet been described. It is an intervention step, not the immediate next step in making a diagnosis.
- \* C. Discuss the client's addiction problem - No information has been presented that confirms a substance use disorder; assuming this would violate the expectation to base diagnosis on adequate assessment data.
- \* D. Seek a 72-hour hold on the client - Involuntary hospitalization requires clear evidence of danger to self, danger to others, or grave disability. The scenario only notes symptom presentation; a more complete assessment (Option A) is required before considering such action.

Thus, the response that best aligns with NBCC's expectations for competent diagnostic practice is to obtain additional information before forming or finalizing a diagnosis.

### NEW QUESTION # 16

In setting up a behavior change program, a behavioral counselor would not be concerned about:

- A. Previous research on the concern.
- **B. Self-actualization.**
- C. A baseline of behavior.
- D. Contingency management.

**Answer: B**

Explanation:

Behavioral counseling focuses on observable behavior, measurable change, and the systematic application of learning principles.

When setting up a behavior change program, a behavioral counselor typically:

- \* Establishes a baseline of behavior (Option A) to know the current frequency, intensity, or duration of the target behavior.
  - \* Uses contingency management (Option B) - arranging rewards, consequences, or environmental changes to increase or decrease behaviors.
  - \* Reviews previous research (Option D) to select interventions that are evidence-based and appropriate for the presenting concern.
- Self-actualization (Option C) is associated with humanistic and existential approaches (e.g., Maslow, Rogers), focusing on personal growth and fulfillment rather than directly on observable behavior and contingencies. While a counselor may value growth in a broad sense, a behavioral counselor does not need to directly work from a self-actualization framework when designing a behavior change program.

NBCC Counselor Work Behavior Areas related to interventions highlight that behavioral approaches rely on empirically supported, observable, and measurable strategies, which makes self-actualization the least relevant concern in this specific context.

#### NEW QUESTION # 17

A 17-year-old client wants to become a physician. With this client, what should the counselor and client focus on in evaluating the likelihood of this goal?

- A. Achievement test scores
- B. Aptitude test scores
- C. Socioeconomic situation
- **D. Previous academic record**

**Answer: D**

Explanation:

When working with adolescents on career and educational goals, counselors are expected to examine realistic indicators of readiness and likelihood of success in a chosen field. For highly demanding professions such as medicine, the best single indicator of future academic success is the client's previous academic record, including grades, rigor of coursework, and performance in relevant subjects (especially science and math).

\* Previous academic record (D) shows how the client has already handled structured academic demands over time, which closely parallels the long, intensive training path for physicians.

\* Aptitude test scores (A) reflect potential, but they are more abstract and less predictive than an established history of strong academic performance when it comes to long-term professional training.

\* Achievement test scores (B) focus on specific content knowledge at a given point in time, but do not give as rich a picture as an ongoing academic record.

\* Socioeconomic situation (C) may influence access to opportunities and support, but ethically, counselors should not treat it as the main determinant of whether the goal is realistic; instead, it becomes part of planning supports and resources, not the primary filter for possibility.

Therefore, in evaluating the likelihood of successfully becoming a physician, the previous academic record is the most appropriate focus, making D correct.

#### NEW QUESTION # 18

In the operant-conditioning paradigm, what is an important assumption regarding behavior maintenance?

- **A. Behavior that is not reinforced gradually extinguishes.**
- B. Behaviors are reinforced on a one-to-one ratio.
- C. Consistent shaping of the behavior is necessary.
- D. Modeled behaviors are consistently reinforced.

**Answer: A**

Explanation:

In the Counseling and Helping Relationships core area, CACREP includes behavioral and learning theories such as operant conditioning. A foundational principle is that:

\* Behaviors that are reinforced are more likely to be maintained, and

\* Behaviors that are no longer reinforced tend to weaken and eventually extinguish.

Option C directly states this assumption: behavior that is not reinforced gradually extinguishes. That is the core explanation for why, in behavior therapy, counselors manipulate reinforcement contingencies to reduce maladaptive behaviors.

\* A is incorrect because behaviors are not always reinforced on a strict one-to-one (continuous) schedule; intermittent reinforcement can also maintain behavior.

\* B (shaping) is used to build new complex behaviors, but it is not required for maintaining an already-learned behavior.

\* D refers to modeling (observational learning), which is associated with social learning theory, not the central assumption about maintenance in basic operant conditioning.

Thus, C is the correct assumption regarding behavior maintenance.

#### NEW QUESTION # 19

Which of the following is a factor not initially addressed in the treatment of a client diagnosed with substance use disorder?

- A. Physical concerns
- B. Dysfunctional lifestyle
- C. Managing stress without substances
- **D. Personality traits**

**Answer: D**

Explanation:

When planning treatment for substance use disorders, counselors are expected to prioritize immediate safety and stabilization, followed by the development of skills and environmental changes that support abstinence and recovery. Early treatment typically focuses on:

- \* Physical concerns (A): addressing withdrawal, medical risks, and overall health stability is often the first priority.
- \* Managing stress without substances (B): clients need early coping strategies to handle cravings and stressors without returning to use.
- \* Dysfunctional lifestyle (C): examining and beginning to modify high-risk routines, relationships, and environments that maintain substance use is an early and ongoing focus.

Personality traits (D), while potentially relevant, are typically not an initial focus. Deep exploration of personality structure, enduring traits, or complex characterological issues usually comes later, after stabilization, reduction of use, and establishment of basic coping skills. Addressing these too early can be overwhelming and may distract from urgent recovery tasks.

Therefore, the factor not initially addressed is personality traits, making D the correct answer.

Top of Form

Extended thinking

Bottom of Form

## NEW QUESTION # 20

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